# DECLARATION AND POWER OF ATTORNEY PATERS APPLICATION

ATTORNEY'S DOCKET NO.

14387

As below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name.

SHOOLDER OR HIP I	SHOULDER OR HIP PROSTHESIS FACILITATING ABDUCTION						
the specifications a	nd drawings of wh	nich					
(check one)	[] i	s attached hereto.					
•	A	was filed on July 3, 2003 as Application Serial No. 10/612,296 was amended on (if applicable)					
I hereby state that specification and dr	I have reviewed a	and understood the contents of the $\mathfrak g$ the claims.	e above identified				
I acknowledge the du examination of this Federal Regulations,	application to the	nformation which is known to be m ne Patent Office in accordance wi	aterial to the th Title 37, Code of				
of the above specifi of America before my	cation, claims a vinvention there country before my	d do not believe that the inventing drawings was ever known or use of, or the patented or described invention thereof or more than on the public use or on sale in the interpolation, that the interpolation that is not the interpolation that the interpol	in any printed ne (1) year prior to				
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from <u>CABINET LAVOIX-LYON</u> as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the person's from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

RALPH A. DOWELL

REG.NO. (26,868)

A: YATES DOWELL, III

REG.NO. (28,070)

DIRECT TELEPHONE CALLS AND SEND CORRESPONDENCE TO:

DOWELL & DOWELL, P. C.

1215 Jefferson Davis Highway, Suite 309

Arlington, Virginia 22202

(703) 415-2555

(703) 4	115-2555			
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		TORNIER	Alain	
201	RESIDENCE & CITIZENSHIP	CITY SAINT ISMIER	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP FRANCE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 299 chemin du Buttit	CITY SAINT-ISMIER	STATE & ZIP CODE/COUNTRY FRANCE 38330
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
203	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE POST OFFICE ADDRESS ADDRESS		CITY	STATE & ZIP CODE/COUNTRY
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
ATOMIE		
1) (9)		
July 29, 2003 DATE	DATE	DATE

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OCT 0 7 2003

APPLECANT:

Alain Tornier

Shoulder or hip prosethesis facilitating abduction

SERIAL NO:

10/612,296

FILED: July 3, 2003

**EXAMINER:** 

3738 GROUP:

### VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS

#### [ / FOR INDEPENDENT INVENTOR

As a below-named inventor, I hereby declare that I am an independent inventor who (1) has not assigned, granted, conveyed, or licensed, and (2) is under no obligation under contract or law, to assign, grant, convey, or license, any rights in the invention, to any person who could not likewise be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization, as defined in 37 CFR 1.9.

## $[\ \ \ ]$ FOR SMALL BUSINESS CONCERN

I hereby declare that is a business concern which qualifies as a small business concern as defined in §1.9(d) - namely, (1) whose number of employees, including those of its affiliates, does not exceed 500 persons; and (2) which has not assigned, granted, conveyed, or licensed, and is under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization under this section; and that the exclusive rights to the invention have been conveyed to and remain with the above-identified small business concern.

I further declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful, false statements and the like, so made, are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code, and that such willful, false statements may jeopardize the validity of the patent application or any patent issuing thereon.

INVENTORS:	SMAI By:	_	ESS CONCERN:
Name Alain TORNIER		Name:	Alain TORNIER
29th July 2003		Title:	General Manager
Date		Date:	29th July 2003
	By:		
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		Title:	
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